Entered - 03/02/01 - sb CL01L0141 - DIANNE C. MITCHELL

CLAIM OF: MICHELE R. RUSSELL

130 Greenwood Circle Decatur, Georgia 30030

01-/ -0514

For damages alleged to have been sustained as a result of vehicular damage due to a pothole on February 3, 2001 at Peachtree Road and Wieuca Road.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0141	Date: <u>March 15, 2001</u>
Claimant /Victim MICHELE R. RUSSE	T.T.
BY: (Atty)(Ins. Co.)	
BY: (Atty)(Ins. Co.) Address: 130 Greenwood Circle,	Decatur Georgia 30030
Subrogation: Claim for Property dama	age \$ 146.84 Rodily Injury \$
Date of Notice: 02/20/01 Metho	nd: Written proper X Improper
Conforms to Notice: O.C.G.A. 836-33-5	X Ante Litem (6 Mo.) X
Date of Occurrence 02/03/01	age \$ 146.84 Bodily Injury \$ ad: Written, proper X Improper X Ante Litem (6 Mo.) X Place: Peachtree Road and Wieuca Road
Department	Division:
Employee involved	_ Division: Disciplinary Action:
location is part of the Georgia State Highway S investigation did determine that the "pothole" wa	hat her vehicle was damaged when she drove into a pothole. This ystem and is responsibility of the State of Georgia. However, the is made by a private company, NSG, who was locating underground company for handling and the claimant has been advised of same.
INVESTIGATION:	
Pictures Diagrams Reports Traffic citations issued: City Driver	t Others X Written Oral X : Police Dept Report Other Claimant Driver Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental	Ministerial
Improper Notice More than Six Mor	Ministerial Damages reasonable
City not involved X Offe	er rejected Compromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Negliger	Repair/replacement by City Forces nt Joint Claim Abandoned
	Respectfully submitted
	Muse Cure Communication of the
RECOMMENDATION:	
Pay \$ Adverse X	Account charged: 1A01 2J01 2H01
Claims Manager: Mun Cun	Concur/date 03-15-01
Committee Action:	Council Action
FORM 23-61	

MTRRILL 03/01/07

1. Date of incident: 2/3/01 2. Time of Incident: 2/15 p.m·3. Police called: Yes X 4. Location of incident (including street address): SOUTHEAST CORNED OF PEACHTDEE & WIEUCA 5. Name of your insurance company: USAA Policy No. (12796302) 6. State what and how incident occurred: WAS DRIVING NORTH ON PEACHTDEE & WAS IN THE RIGHT TURN LANE TO TURN EAST ON WIEWA (IN FRONT OF TAREET/GALVAN SHDPPING CENTER). MY LEFT FRONT TIRE HIT A VERY DEEP PUTHOLE & THERE WAS AN IMMIEDIATE BLOW OUT OF THE TIRE - THE POT HOLE IS VERY VISIBLE. WHEN I WALVED BACK TO SEE WHAT I HIT, I SAW A VERY ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WE RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! 8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repai proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: VOLVO CTO 1998 324 XVV MICHELE R. RUSSELL (Make) (City Driver's Name) (Department/Bureau) ON Witness: (Make) (City Driver's Name) (Department/Bureau) ON Witness: (Name) (Address) (Telephone Number) In the acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted State law, nor is it an admission of hability on behalf of the City of Atlanta and/or its employee(s). 10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted State law, nor is it an admission of hability on behalf of the City of Atlanta and/or its employee(s). 11. This claim should be mailed Immediately to the address shown above. 12. HEREBY SWEAR OR AFFIRM THAT THE ABOVE (Print Claimant's Name) 13. GREENWOO CIRCLE (Address) DECATUR, GA 30030 (City, State and Zip Code)	COUNCIL OF THE C		RE:	CLAIM FOR DAMAGES	د
Dear Municipal Clerk: Dear Municipal Clerk: Dear Municipal Clerk: This is to notify the City of Atlanta that I have suffered damages in the amount sum of s 146.84 project proj	City Hall		Tod	ay's Date: 2/13/01	
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(City, State and Zip Code)	Signature of Claiman	How we will be a second	-		,
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